

[Date]

[Employee Name]

[Employee ID]

[Employee Address]

Subject: Notice of Medical Leave Designation

Dear [Employee Name],

This letter is to formally notify you regarding your request for medical leave starting on [Start Date]. Based on the medical certification provided, your leave has been officially designated as:

- Family and Medical Leave Act (FMLA) Leave
- Short-Term Disability Leave
- Unpaid Medical Leave of Absence
- Other: [Specify]

Your leave is approved through [Expected End Date/To Be Determined]. During this period, the following conditions apply:

1. Compensation: Your leave will be [Paid / Unpaid / Partially Paid using accrued sick/vacation time].

2. Benefits: Your health insurance coverage will [be maintained under current conditions / require manual premium payments].

3. Return to Work: You are required to provide a "Fitness for Duty" certification from your healthcare provider before returning to your clinical duties.

Please keep the Clinic Administration informed of any changes to your expected return date. If you have any questions regarding your benefits or leave status, please contact the HR Department at [Phone Number/Email].

We wish you a steady recovery.

Sincerely,

[Signature]

[Administrator Name]

[Clinic Name]